

**APPLICATION DATA SHEET****Application Information**

Application number::  
 Filing Date:: 01/04/02  
 Application Type:: Regular  
 Subject Matter:: Utility  
 Suggested classification::  
 Suggested Group Art Unit::  
 CD-ROM or CD-R?:: No  
 Number of CD disks::  
 Number of copies of CDs::  
 Sequence submission?:: No  
 Computer Readable Form (CRF)?:: No  
 Number of copies of CRF::  
 Title :: SPINAL NEEDLE SYSTEM  
 Attorney Docket Number:: 170134.401  
 Request for Early Publication?:: No  
 Request for Non-Publication?:: No  
 Suggested Drawing Figure::  
 Total Drawing Sheets:: 9  
 Small Entity?:: Yes  
 Petition included?:: No  
 Petition Type::  
 Licensed U.S. Gov't Agency:: No  
 Contract or Grant No::  
 Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Vincent  
Middle Name:: E.  
Family Name:: Bryan  
Name Suffix::  
City of Residence:: Mercer Island  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 4624 E. Mercer Way  
City of mailing address:: Mercer Island  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98040

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alex  
Middle Name::  
Family Name:: Kunzler  
Name Suffix::  
City of Residence:: Issaquah  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 22748 S.E. 43 Court

City of mailing address:: Issaquah  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98029

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

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